



State of Wisconsin
Governor Scott McCallum

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: **Amy Mendel-Clemens
CARES Call Center
Policy & Systems Communications Section**

BWP/BIMA OPERATIONS MEMO

No.: 02-47

File: 2793

Date: 7/22/2002

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: **SENIORCARE**

CROSS REFERENCE: MAHB Appendix 41.0.0

EFFECTIVE DATE: July 1, 2002

PURPOSE

This memo provides local agencies with information about Wisconsin's new SeniorCare program. While local agencies are not responsible for administering SeniorCare, we anticipate there will be 3,000-4,000 individuals participating in SeniorCare and in other CARES programs. This memo provides guidance on those "mixed" cases.

BACKGROUND

Wisconsin SeniorCare is a new prescription drug assistance program for Wisconsin residents who are at least 65 years of age. SeniorCare is administered by the Department of Health and Family Services (DHFS). Local ES agencies are not responsible for SeniorCare administration.

Additional program information and eligibility criteria can be found in Appendix 41.0.0 of the MAHB, on the Department of Health and Family Services (DHFS) website (<http://www.dhfs.state.wi.us/seniorcare/index.htm>) or by contacting the SeniorCare Customer Service Hotline at (800) 657-2038.

On July 1, 2002, DHFS began accepting applications for the SeniorCare program. SeniorCare program benefits begin September 1, 2002. CARES changes to support SeniorCare will occur the weekend of July 19 and will be available in production on July 22, 2002.

PROCESS

Applications and Inquiries

All SeniorCare inquiries should be directed to the SeniorCare Customer Service Hotline at (800) 657-2038. Application forms and instructions were distributed to local Aging Departments for distribution at community sites and to ES agencies that requested them. Application forms can be obtained in the following ways:

- At a community site which can be identified by contacting the local Aging Department
- By calling the SeniorCare Customer Service Hotline at (800) 657-2038, or
- Printed from the DHFS website: <http://www.dhfs.state.wi.us/seniorcare/index.htm>

In addition, local agencies can request a supply of applications, instruction forms and brochures by mailing a DMT-25 form to:

Division of Health Care Financing

Attention: Sue Bach, BHCE
P.O. Box 309
Madison, WI 53701

Please immediately forward any completed SeniorCare applications received to:

SeniorCare

P.O. Box 6710
Madison, WI 53716-0710

SeniorCare Application Process

The SeniorCare program will have a different application process than has been used for other assistance programs. SeniorCare applicants complete a paper application and mail it to the Central Application Processing Operation (CAPO) for processing. Information from the applications will be extracted using an optical scanning process and automatically sent to CARES. Manual keying of applications directly to CARES will also occur.

CAPO eligibility processing workers perform Client Registration and Clearance, as well as eligibility determination and confirmation in CARES using the data received via this process.

CAPO Structure

The CAPO has 2 main functions - customer service and application processing. CAPO customer service workers answer telephone inquiries about the Senior Care program and the status of applications. Application processing staff use CARES to process applications and determine eligibility for SeniorCare only.

CAPO Coordination with Local Agencies:

CAPO only cases: Some persons who apply for SeniorCare will not apply or be eligible for any other programs of assistance. These are called "CAPO only" cases. They will be managed and accessed by CAPO workers only.

Mixed cases: Some individuals will be eligible for SeniorCare and be a member of an active case for other programs of assistance. These cases will reside in the local agency's administrative structure, but will be dually managed by the CAPO (for SeniorCare) and the local agency (for other assistance programs). This dual management may require close communication and coordination between local agency and CAPO staff. CAPO workers will add case comments to document client contact and describe actions taken on all cases, including mixed cases. Local agency workers may be contacted by CAPO workers to resolve issues with mixed cases. CAPO workers may use CARES mail messages, e-mail, voice mail, or postal mail to contact local agency workers. To reach a CAPO worker, call (800) 657-2038 and identify yourself as a local agency worker needing to do case coordination. You may, in some cases, be transferred to an application processing worker. CAPO workers will not be assigned individual caseloads.

CARES Changes for SeniorCare

In order to accommodate SeniorCare processing, several changes have been made to CARES. These changes will be effective July 22, 2002. Not all changes will impact agency workers. CARES changes include:

- Creation of a new administrative structure to accommodate the CAPO (County 73, office 5073, worker ID prefix PWR).
- Creation of the inbox subsystem to store and work with scanned application data. This subsystem will be visible as a selection on the CARES main menu as of 7/22/02 to all CARES users, even though the subsystem will be used only by the CAPO. If a local agency worker attempts to use the inbox transactions, a RACF violation may result.
- Creation of the auto-population process that places information on CARES screens without manual data entry.
- Creation of new screens and processes in Client Registration, Application Entry, ED/BC, confirmation, and client notices to accommodate processing of SeniorCare by the CAPO.
- Creation of a "self-transfer" function (ACSC) so that local agency workers can transfer control of SeniorCare cases that need other programs of assistance added.
- Changes to the MMIS interface to accommodate SeniorCare eligibility and issue SeniorCare identification cards.
- Changes to the eligibility logic to allow a separate eligibility determination for SeniorCare.

SeniorCare -Only Cases

When a case is a SeniorCare-only case, it will be controlled by the CAPO. It will be in a CAPO worker caseload in the CAPO administrative structure (county 73). Note: CAPO workers will not be assigned individual caseloads. Only the designated CAPO staff will have update access to the case. Local agency staff will have inquiry access to the screens on SeniorCare-only cases.

Mixed Case Coordination and Processing

Other programs of assistance for which a SeniorCare participant may be eligible include Medicare premium assistance (QMB, SLMB, etc), Food Stamps, an unmet Medicaid Deductible, limited benefit Medicaid (such as TB), Family Care Non-Medicaid, Child Care assistance, or Wisconsin Works. We expect 3,000 - 4,000 individuals out of a projected 177,000 eligible individuals to be in mixed cases.

Mixed cases include those who are eligible for SeniorCare and are a group member on an open case in CARES, even if s/he is not receiving another program of assistance. A case can become a mixed case when either SeniorCare is added to an existing case in CARES, or when another program of assistance is added by the local agency to an existing SeniorCare case. A closed food stamp case in which EBT benefits have not yet been expunged will also be a mixed case.

A mixed case can be identified during the client registration process if the applicant is the primary person on a SeniorCare case, because s/he will fail clearance for reason 06 -individual is a primary person on an open case. A mixed case can also be identified by an "SC" AG on CARES screens AGEC, AQCS, AQIE, or AQIP.

AGEC		ELIGIBILITY RESULTS CONFIRMATION				07/01/02 08:18			
CASE: 0700267506		WORKER: XCTA04				XCTA04 V JESSUP			
LAST UPDATED: 06 26 02		CASE STATUS: OPEN				CASE MODE: ONGOING			
ELIGIBILITY REVIEW DATE: 03 31 2003									
CAT	SEQ	PMT BEG DATE	PMT END DATE	BENEFIT AMOUNT	AG STATUS	ELIG STATUS	REASON CODES	MR RSN	CONFIRM (Y/N)
BC	Z 01	08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y
CC	Z 01	08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y
CTSZ	01	08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y
FS	01	08 01 02		95.00	OP	PASS		---	Y
FS	X 01	08 01 02	08 31 02	0.00	DE	FAIL	142	---	Y
MA	Z 01	08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y
SC	01	08 01 02		0.00	OP	PASS		---	Y
WW	Z 01	08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y
NEXT TRAN: _____ PARMS: 0700267506 _____									

Income: For SeniorCare, income is self-declared and reported on the application as annual amounts. The SeniorCare income figures are stored on SeniorCare-only screens and will not be used in eligibility determination for any program other than SeniorCare.

Addresses: SeniorCare applicants are asked to provide only a mailing address. CARES is programmed to compare the SeniorCare address with ACCH and ACMA for mixed cases. If the address provided on the SeniorCare application differs from that on the local agency case, the SeniorCare address will be stored on a SeniorCare-only screen (INSC). If the address needs to be changed, CAPO workers may contact local agency workers to coordinate the change of address entries to CARES.

SeniorCare added to Existing Case

Cases that are open for another program of assistance may apply and be found eligible for SeniorCare. In this instance an application will be submitted and scanned into the inbox. The application will then be processed through Client Registration and Clearance by the CAPO staff. The Clearance process will ensure that the existing CARES case is recognized and that the SeniorCare eligibility is added to the same case.

The case will remain in the local agency administrative structure (caseload, office and county) and the existing local agency worker will maintain update access to the case. The local agency worker will also have inquiry access to the SeniorCare specific screens. CAPO workers will have update access to the screens needed for SeniorCare eligibility, and although they will also have update access to shared screens, CAPO workers have been trained to never alter local agency data.

The CAPO worker is able to determine eligibility for SeniorCare independently from the local agency worker using a separate set of transactions and processes. When a CAPO worker determines SeniorCare eligibility, s/he will not determine, re-determine, or effect eligibility for other programs, and will not see them as part of the SeniorCare eligibility determination process. When a local agency worker determines eligibility for other programs, s/he will not determine, re-determine, or effect eligibility for SeniorCare. Local agency workers will not see SeniorCare as part of the SFED/SFEX set of screens, but will see a SeniorCare (SC) AG on the confirmation screen.

Adding Food Stamps To A SeniorCare Case

The local agency worker responsible for accepting an application for FS should treat this the same as any other situation where an individual requests FS and is already receiving another program of assistance. Client registration cannot be completed and the individual must complete Part I of the Application and Registration with his/her name, address, and signature to set the filing date for FS. Screening for priority service also is completed using this form.

An intake interview must be scheduled for the individual. When the individual comes in for the interview, transfer the case from the CAPO using the process described below and complete the application for FS using the ASER driver flow. If the individual does not appear for an interview within the 30-day application processing period, and the processing period is not extended due to an agency delay, a manual negative notice must be issued to the applicant explaining the reason for the FS denial.

"Self-Transfer"

When a SeniorCare participant applies for another program of assistance, the local agency will need to transfer the case from the CAPO to the local agency so that they can process the application. A new transfer transaction has been designed which does not need to be initiated by a transfer coordinator. The transaction code is ACSC (County Self Transfer) and the office, worker, and caseload must be entered in the parms. There are edits in place which validate that the caseload is attached to that worker and that the worker is attached to the office.

MNSC		SPECIAL CASE INFORMATION MENU		07/05/02 15:12 JX2373 T FOSBINDER	
FUNCTION NUMBER	FUNCTION DESCRIPTION	TRAN CODE	PARAMETERS (PARMS)		
14 -	END FAIL TO ENROLL SANCTION	(AIFE)	CASE/ (PIN) / (MMDDYY)		
15 -	PRE W2 PARTICIPANT TRACKING	(ACPT)	CASE/ (MMDDYY)		
16 -	STRIKE ASSIGNMENT	(AISA)	CASE/ (PIN) / (MMDDYY)		
17 -	JOB READINESS FLOW	(AIJR)	CASE		
18 -	OVERRIDE CTS LUMP-SUM INELIGIB	(AILC)	CASE/ (PIN OR SSN) / (MMDDYY)		
19 -	OVERRIDE AFDC EARN INCOME DISREG	(AIDE)	CASE		
20 -	OVERRIDE CTS EARN INCOME DISREG	(AICE)	CASE		
21 -	CARETAKER SUPPLEMENT MNL PAYMENT	(ACMP)	CASE		
22 -	COUNTY SELF TRANSFER	(ACSC)	CASE/OFFICE/WORKER/CASELOAD		

*** PLEASE ENTER THE NUMBER OF THE DESIRED FUNCTION: ____

PARAMETERS: 7000440970/5040/JX2373/1503_____

NEXT TRAN: _____ PARMS: 7000440970/5040/JX2373/1503_____

PAGE: 2 OF 2

Note that the transaction ACSC is on the second screen of menu MNSC.

To transfer a CAPO case to a local agency, enter ACSC in the next tran. The parms are the case number, office number, worker ID, and the caseload to which the case should be transferred. After entering this information, press enter. You will receive a message when the transfer is successful.

MNSC		SPECIAL CASE INFORMATION MENU		07/05/02 15:08 JX2373 T FOSBINDER	
FUNCTION NUMBER	FUNCTION DESCRIPTION	TRAN CODE	PARAMETERS (PARMS)		
1 -	COUNTY TRANSFER	(ACCT)	CASE		
2 -	OVERRIDE MA ERN INC DSRGD	(AIME)	CASE/ (PIN OR SSN) / (MMDDYY)		
3 -	AFDC IPV SANCTION	(AIAP)	CASE/ (PIN OR SSN) / (MMDDYY)		
4 -	FOOD STAMP IPV SANCTION	(AIIP)	CASE/ (PIN OR SSN) / (MMDDYY)		
5 -	OVERRIDE LUMP-SUM INELIGIBILITY	(AILS)	CASE/ (PIN OR SSN) / (MMDDYY)		
6 -	WORK PROGRAM SANCTION	(AIWS)	CASE/ (PIN OR SSN) / (MMDDYY)		
7 -	LEARNFARE PRE-SANCTION	(AILP)	CASE/ (PIN OR SSN) / (MMDDYY)		
8 -	LEARNFARE SANCTION	(AILF)	CASE/ (PIN OR SSN) / (MMDDYY)		
9 -	QUALITY CONTROL SANCTION	(AIQC)	CASE/ (PIN OR SSN) / (MMDDYY)		
10 -	ESTABLISH MA DEDUCTIBLE	(AGMD)	CASE/ (MMYY)		
11 -	TRACK MA DEDUCTIBLE	(AGTM)	CASE/CAT/SEQ/ (MMYY)		
12 -	SIMULATION	(ACSM)	CASE		
13 -	ELIGIBILITY RECONCILIATION	(SFRC)	CASE/ (MMYY)		

*** PLEASE ENTER THE NUMBER OF THE DESIRED FUNCTION: ____

PARAMETERS: 7000440970/5040/JX2373/1503_____

NEXT TRAN: ACSC PARMS: 7000440970/5040/JX2373/1503_____

PAGE: 1 OF 2

CASE TRANSFER SUCCESSFUL

MORE...

Once a case is self-transferred into the local agency the eligibility worker needs to initiate ASER (not ASII) to process the newly requested program of assistance.

Open SeniorCare cases will be transferred from the local agency to the CAPO in a batch job run at the end of each month, according to these parameters:

- Cases which have received EBT FS benefits that have not been expunged will not be transferred until the end of the month after expungement has occurred.
- For all other cases, transfer will take place after the local agency case has been closed for a full calendar month.

Person Adds

If a SeniorCare application is submitted for a married couple, but only one spouse is currently on an open case in CARES, the other spouse will be added to the case so that SeniorCare eligibility for him/her can be determined. However, the Food Stamp, Medicaid and Child Care request screens on ACPA will be defaulted to “not requesting”, and question marks will be populated in the verification fields on shared screens with one exception: If the SeniorCare applicant indicates that s/he is not a US citizen, a “Q?” will be populated to ANAR so that SeniorCare eligibility pends until additional information needed to determine eligibility is received by the CAPO.

The local agency worker will receive alert 334 (SC INDV ADDED TO CASE-SEE ANID) notifying him/her that an individual was added to the case. The person-add driver flow will be initiated the next time the local agency worker accesses the case. Local agency workers should follow existing program procedures for adding this individual to a case.

Eligibility Reviews

Annual eligibility reviews are required for SeniorCare, but the review date which displays on AGECS reflects the earliest review date for any open program of assistance. AG level review dates can be viewed on AGOR.

AGEC ELIGIBILITY RESULTS CONFIRMATION										07/01/02 08:18	
CASE: 0700267506					WORKER: XCTA04					XCTA04 V JESSUP	
LAST UPDATED: 06 26 02					CASE STATUS: OPEN					CASE MODE: ONGOING	
ELIGIBILITY REVIEW DATE: 03 31 2003											
CAT	SEQ	PMT BEG DATE	PMT END DATE	BENEFIT AMOUNT	AG STATUS	ELIG STATUS	REASON CODES	MR RSN	CONFIRM (Y/N)		
BC	Z	01 08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y		
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CTSZ	01	08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y		
FS	01	08 01 02		95.00	OP	PASS		---	Y		
FS	X	01 08 01 02	08 31 02	0.00	DE	FAIL	142	---	Y		
MA	Z	01 08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y		
SC	01	08 01 02		0.00	OP	PASS		---	Y		
WW	Z	01 08 01 02	08 31 02	0.00	DE	FAIL	054	---	Y		
NEXT TRAN: _____ PARMS: 0700267506 _____											

Local agency workers will not be able to adjust SeniorCare review dates on AGOR, and CAPO workers will be unable to adjust review dates for other programs of assistance.

Discrepancies

For mixed cases, CARES will automatically compare some of the data existing in CARES to the data supplied on the SeniorCare application form at the time that data is auto-populated to CARES. Data elements that will be compared include:

- Marital status
- Address (if the SeniorCare participant's residence address is different from that listed on ACCH)
- Receipt of SSI
- Social Security Number Cooperation (if "SSN Coop" is answered "No" on ANDC)
- Citizenship Information

If discrepancies exist between the information provided for a local agency case and the SeniorCare application, SeniorCare application data will be stored on SeniorCare-only screens. A screen (ANAD) listing identified discrepancies will display for CAPO workers when they determine SeniorCare eligibility. CAPO workers will contact SeniorCare applicants to investigate and resolve any discrepancies identified. CAPO workers will document their findings and communicate them to the local agency worker.

Local agency workers will be contacted by CAPO workers when a SeniorCare participant indicates that the discrepancy exists because of a recent change that has not yet been reported to the local agency, or when data existing on shared CARES screens needs to be updated. Local agencies are asked to respond promptly to CAPO requests and should follow usual program procedures for processing these reported changes.

Although they have update access, CAPO workers have been trained not to alter data on any of the following shared screens:

Screen	Transaction Description
CRIN	RFA Information
CRIR	Primary Person Information
CRAL	Alias Names/SSN's
CRIS	Individual Clearance List
CRCR	Individual Clearance Results
CRCI	Establish Individual
CRSQ	Client Registration Sequencer
ACCC	Case Comment
ACCH	Case Household Information
ANID	Individual Demographics
AIAL	AKA Names/SSN's
AICL	Individual Clearance List
AICR	Individual Clearance Results
AIEC	Establish Case Individual
ACMA	Case Mailing Address
ACDP	Designated Payee
ANDA	Individual Demographics 2
ANDC	Individual Demographics 3
ANBR	Benefits Received 1
ANBC	Benefits Received 2
ANAR	Alien/Refugee
ANAS	Alien/Refugee Sponsor

AGOR	AG Override Review Date
ANHR	Household Relationships
ACSM	Simulation
CNHS	Client Notice/Letter History
CNHD	Client Notice/Letter History/Detail
CNIN	Identify/Suppress Requests
CMCC	Case Comment
CNON	Print Notice/Letter Online
DXBM	Broadcast Message
DXSQ	State Online Query Request
DXLQ	Receive SOLQ Data from DUI
DXSN	Display SSN Verification Details
DXRQ	WTPY Request
DXSA	Display SSA Benefit Response
DXSB	Display SSA Benefit History
DXSX	Display SDX SSI Response
DXSY	Display SDX SSI History
MNMS	Welcome to CARES System

Medicaid Deductibles

If an individual meets a Medicaid deductible during the SeniorCare benefit period, the Medicaid medical status code will overlay the SeniorCare medical status code on MMIS. However, if full-benefit Medicaid ends before the SeniorCare benefit period ends, SeniorCare will automatically resume and continue through the end of the original SeniorCare benefit period.

Medical Expenses:

SeniorCare out-of-pocket medical expenses can be applied toward Medicaid deductibles and used as a deduction for the Food Stamp program. Out-of-pocket medical expenses for SeniorCare participants include the \$20 annual enrollment fee, co-payments of \$5/\$15, and any prescription purchases applied toward the SeniorCare spenddown and/or deductible. Local agency workers can obtain verification of SeniorCare out-of-pocket expenses which are applied to a deductible and/or spenddown on the new "SS" MMIS screen. Receipts will need to be submitted to verify co-payment expenses, because these are not tracked on MMIS screens. Additional information about the "SS" screen is attached to this Memo.

DATE: 070902

WISCONSIN SENIORCARE ENROLLMENT
SPENDDOWN / DEDUCTIBLE SUMMARY

TIME: 12:55:47

SYS ACTION SS MSG FIRST SPENDDOWN SEGMENT SHOWN, PF9 TO SHOW MORE
ACTION I

PARTICIPANT ID: 4921000001 CARES CASE: 4921000000 CARES PIN:

PARTICIPANT SEGMENTS:

A ID NUMBER	I RC ID	RQST	ID SENT	NAME ON CARD	CARES PIN
4921000001	Y 01	05/22/02	05/22/02	JACK D SMITH	4921000001

SPENDDOWN SEGMENTS:

A START	END	ID NUMBER	SD USED	SD REMAIN	ADDED	WRKRID	LAST UPD
_ 09/01/02	08/21/03	0000000000	232.43	.00	09/01/02	XXXX01	09/03/02

DEDUCTIBLE SEGMENTS:

A START	END	ID NUMBER	T DED	USE DED	REM ADDED	WRKRID	LAST UPD
_ 09/01/02	08/31/03	4921000001	C	500.00	435.43	08/01/02	XXXX01 09/03/02

Troubleshooting

A situation was identified during SeniorCare testing regarding confirmation of the SeniorCare AG by the CAPO while a case is in review mode. Here is a description of when this situation occurs:

1. The local agency worker starts an eligibility review for another program of assistance prior to adverse action but does not complete the review, so the case is in review mode.
2. At adverse action, the case fails for reason 077 (lack of review) and is pending closed at the end of the month.
3. The CAPO worker confirms SeniorCare after adverse action but prior to the end of the month while the case is still in review mode. Confirmation of SeniorCare will change the case mode from review to ongoing. For food stamps, if the review is not completed prior to the end of the month, an inaccurate allotment or incorrect determination of expedited food stamps could result.

An interim solution has been identified until CARES programming can be changed so that the local agency case will remain in review mode when SeniorCare is confirmed after adverse action but before the end of the month in which the case closes. The target implementation date for this CARES enhancement is August 23rd, but we will notify you when it occurs.

For now, CAPO workers have been instructed **not** to confirm SeniorCare if the case is in review mode and it is after adverse action but before the end of the month. CAPO will contact the local agency's CARES coordinator and explain what is happening. The CARES coordinator will

discuss the situation with the local agency worker. If the local agency review will be completed prior to the expiration of the 30-day SeniorCare application processing deadline, the CAPO worker will wait to confirm SeniorCare until after the local agency has completed the review. If the local agency review can not be completed before the SeniorCare 30-processing deadline, the CAPO worker will confirm SeniorCare and the local agency worker will need to initiate (ASER) and complete another eligibility review. In addition, the local agency worker needs to be aware of the potential for incorrectly prorated or expedited food stamps so that s/he can handle the situation according to current policy.

OTHER PROGRAMS

The impact of SeniorCare on other programs has been addressed throughout this Operations Memo.

FORMS OR INFORMATIONAL MATERIAL

Eligibility criteria and additional SeniorCare program information can be found in Appendix 41.0.0 of the MA Handbook or on the DHFS website <http://www.dhfs.state.wi.us/seniorcare/index.htm>.

The following SeniorCare publications are available for order through DHFS:

- SeniorCare Application form (HCF-10076)
- SeniorCare Application form instructions (HCF-10076A)
- SeniorCare Brochure (PHC 10077)

To order any of the above-listed publications, use form DMT-25 and send to:

Division of Health Care Financing
Attention: Sue Bach, BHCE
P.O. Box 309
Madison, WI 53701

CONTACT

BIMA CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.

ATTACHMENT

New MMIS Screen "SS" Information

DHFS/DHCF/BHCE/VJ/PK

SS SCREEN DOCUMENTATION

I. SCREEN ACCESS METHODS

- A. The SS screen may be accessed from the Online Main Menu by entering the following values in the specified fields:
- | | | |
|----|-----------------------|---|
| 1. | The SYS ACTION field: | SS |
| 2. | The Clerk ID field: | CNTY |
| 3. | UPDATE FILES? field: | "N" |
| 4. | The KEY field: | The user may enter a SeniorCare participant ID or leave blank |
- B. The SS screen may be accessed from any other online screen by moving the cursor to the SYS ACTION field, keying in SS and then <enter>. If the KEY field is left blank, the SS screen will appear with field names but no field data other than the default value of "I" in the header ACTION field. The cursor will default to the first position of the PARTICIPANT ID field which is space-filled, and the message "PLEASE ENTER PARTICIPANT ID, CARES CASE OR CARES PIN" will be displayed.
- C. From the SS screen the user may access any other EDSNET recipient screen by entering the screen code (e.g. RE) in the SYS ACTION field and press <enter> to access that screen. The header PARTICIPANT ID will be transferred from SS to the recipient ID field on the other screen.

II. PF KEY FUNCTIONS

PF1 – CLEAR KEY – USED TO EXIT FROM THE WISCONSIN ONLINE SYSTEM
PF2 – RETURN TO MAIN MENU
PF3 – HELP KEY – USED TO ACCESS HELP INFORMATION FOR THIS SCREEN (see attachment 3 for help text)
PF4 – NOT ACTIVE ON THIS SCREEN
PF5 – NOT ACTIVE ON THIS SCREEN
PF6 - LOG TRANSACTIONS IN ADD, UPDATE OR DELETE MODES
PF7 – NOT ACTIVE ON THIS SCREEN
PF8 – NOT ACTIVE ON THIS SCREEN
PF9 – DISPLAY NEXT SET OF SPENDDOWN / DEDUCTIBLE SEGMENTS
PF10 – NOT ACTIVE ON THIS SCREEN
PF11 – NOT ACTIVE ON THIS SCREEN
PF12 – NOT ACTIVE ON THIS SCREEN

III. ONLINE EDITS (header level)

Online Main Menu Edits:

- A. SYS ACTION: If an invalid system action code is entered, the message "INVALID SYSTEM ACTION CODE – TRY AGAIN" is displayed.
- B. If a clerk ID is not authorized to access the SS screen, the message "SYSTEM ACTION NOT ALLOWED FOR THIS OPERATOR" is displayed. If you believe you should have access to this screen, report the problem following your agency's procedures for EDSNET access issues.

SS Screen Online Edits:

- A. PARTICIPANT ID: If the keyed PARTICIPANT ID does not contain numeric characters or all spaces, the message "PARTICIPANT ID MUST BE NUMERIC. PLEASE REENTER" is displayed.
- B. CARES CASE: If the keyed CARES CASE does not contain numeric characters or all spaces the message "CARES CASE MUST BE NUMERIC. PLEASE REENTER" is displayed.
- C. CARES PIN: If the keyed CARES PIN does not contain numeric characters or all spaces position the message "CARES PIN MUST BE NUMERIC. PLEASE REENTER" is displayed.

IV. DISPLAYED DATA (INQUIRY MODE)

The key to the enrollment file is the CARES CASE number with alternate indexes on PARTICIPANT ID (a.k.a. MA ID) and CARES PIN. It is possible for one PARTICIPANT ID or CARES PIN to be on more than one enrollment record because of case transfers. The screen will allow the user to key the following combinations of these fields when attempting access a participant's enrollment record. :

PARTICIPANT ID with CARES CASE

The participant's current ID must be entered to access his/her enrollment file, however, depending on what time period is desired, the current or previous CASE number can be used. If the PARTICIPANT ID is not found, the message "REQUESTED PARTICIPANT NOT ON ENROLLMENT FILE" will appear and if the CARES CASE is not found, the message "REQUESTED PARTICIPANT NOT IN THIS CASE" will appear. If both are found, the participant's enrollment data will appear on the screen.

PARTICIPANT ID alone

The participant's current ID must be used to access his/her enrollment file. Previous ID numbers can not access the participant's record. If the PARTICIPANT ID is not found, the message "REQUESTED PARTICIPANT NOT ON ENROLLMENT FILE" will appear. If the PARTICIPANT ID is found, it will read the CARES case numbers. If there is only one CARES case number for the participant, the participant's enrollment record for the CARES CASE and the data will appear on the screen.

If there is more than one CARES case number associated with the participant, an alternate screen will display all CARES case numbers and allow the user to choose the one they want to see. To select the participant's current or previous CARES CASE, move the cursor to the space in front of the desired CASE number, key an "S" and press the <enter> key. The participant's enrollment record for the selected CARES CASE will display on the screen. Only one CASE number can be selected at a time. If nothing or if more than CASE is selected, an error message will appear.

CARES PIN with CARES CASE

The participant's current PIN must be used to access his/her enrollment file, however, depending on what time period is desired, the current or previous CASE number can be used. If the CARES PIN is not found, the message "REQUESTED PARTICIPANT NOT ON ENROLLMENT FILE" and if the CARES CASE is not found, the message "REQUESTED PARTICIPANT NOT IN THIS CASE" will appear. If both are found, the screen will read the enrollment record for the CARES CASE entered and the data will appear on the screen.

CARES PIN alone

The participant's current PIN must be used to access his/her enrollment file. If the CARES PIN is not found, the message "REQUESTED PARTICIPANT NOT ON ENROLLMENT FILE" is displayed on the screen. If the CARES PIN is found, the CARES case number associated with that participant will be found. If there is only one CARES case number for the participant, the participant's enrollment record for that CARES CASE will appear on the screen.

If there is more than one CARES case number associated with the participant, an alternate screen will display all CARES case numbers and allow the user to choose the one they want to see. To select the participant's current or previous CARES CASE, move the cursor to the space in front of the desired CASE number, key an "S" and press the <enter> key. The participant's enrollment record for the selected CARES CASE will appear on the screen. Only one CASE number can be selected at a time. If nothing or if more than CASE is selected, an error message will appear.

CARES CASE alone

The participant's current or previous CARES CASE may be used to access his/her enrollment file, depending on what time period is desired. If the CARES CASE is not found, the message "REQUESTED PARTICIPANT NOT ON ENROLLMENT FILE" is displayed on the screen. If the CARES CASE is found, the screen will display all participants currently in the case and their enrollment data.

A. The following are the participant segment field descriptions:

PARTICIPANT SEGMENTS	Normally, only 1 participant segment is expected for individual cases or 2 participant segments in cases where both spouses are eligible.
ID NUMBER	The participant ID is the same as the 10 digit MA ID used for Medicaid recipients. Usually the SSN plus a zero.
I	ID card request indicator (“Y” = ID card requested, otherwise blank). NOTE: If a participant has ever been MA eligible and received a Forward card in the past, <u>both</u> the SeniorCare and Forward Cards will be produced when a ID request is received.
ID RQST	ID requested date in MM/DD/YY format.
ID SENT	ID produced date in MM/DD/YY format.
NAME ON CARD	Name on last ID card requested.
CARES PIN	The CARES PIN on the eligibility master record for the participant segment ID NUMBER.

SPENDDOWN SEGMENTS	Only the most recent spenddown segment will be displayed. If there are previous segments the user can page through them by pressing PF9.
A (detail action)	Blank in inquiry mode.
START	Spenddown segment start date in MM/DD/YY format.
END	Spenddown segment end date in MM/DD/YY format. Blanks will be displayed if the segment has an open end date.
ID NUMBER	Participant ID will display if it is an individual based spenddown segment. The ID field will be zeroes if it is a case based spenddown segment.
SD USED	Spenddown used.
SD REMAINING	Spenddown remaining amount.
ADDED	Spenddown segment add date in MM/DD/YY format.
WRKRID	The worker ID of the person that added this segment.
LAST UPD	Spenddown segment date last updated in MM/DD/YY format.

DEDUCTIBLE SEGMENTS	<p>Deductible segments will be displayed based on the spenddown segment displayed. If the spenddown segment is a case based spenddown (ID NUMBER = zeroes), the deductible segments that have a “C” in the spenddown indicator and whose start date / end date range overlaps the spenddown segment start date / end date range will display.</p> <p>If the spenddown segment is an individual based spenddown (spenddown indicator of “I”), the deductible segments that have the same PARTICIPANT ID as the spenddown segment and whose start date / end date range overlaps the spenddown segment start date / end date range will display.</p>
A (detail action)	Blank in inquiry mode.
START	Deductible start date in MM/DD/YY format.
END	Deductible end date in MM/DD/YY format. Blanks will be displayed if the segment has an open end date.
ID NUMBER	Participant ID.
T	Spenddown indicator (“C” indicates a case-based spenddown and “I” indicates an individual spenddown).
DED USE	Deductible used.
DED REM	Deductible amount remaining.
ADDED	Deductible segment add date in MM/DD/YY format.
WRKRID	The worker ID of the person that added or updated this segment
LAST UPD	Deductible segment date last updated in MM/DD/YY format.